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ABSTRACT

One of five supplements which accompany chapter 3 of "Mountain-Plains Handbook: The Design and Operation of a Residential, Family Oriented Career Education Model" (CE 014 630), this document contains specific information concerning the data monitoring procedures and forms utilized by the research services division. Included are the following materials: data monitor forms; pre-center data procedures; student working folder assembly and use sequence; document control procedures; data quality control procedures; computer loading of student programmatic data procedures; an index of documents; and a glossary of terms and definitions. Various related forms and charts are attached. (BM)

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NATIONAL EDUCATION R&D MODEL

MOUNTAIN PLAINS EDUCATION ECONOMIC DEVELOPMENT PROGRAM INC.

ED150352

APPENDIX

MOUNTAIN-PLAINS HANDBOOK

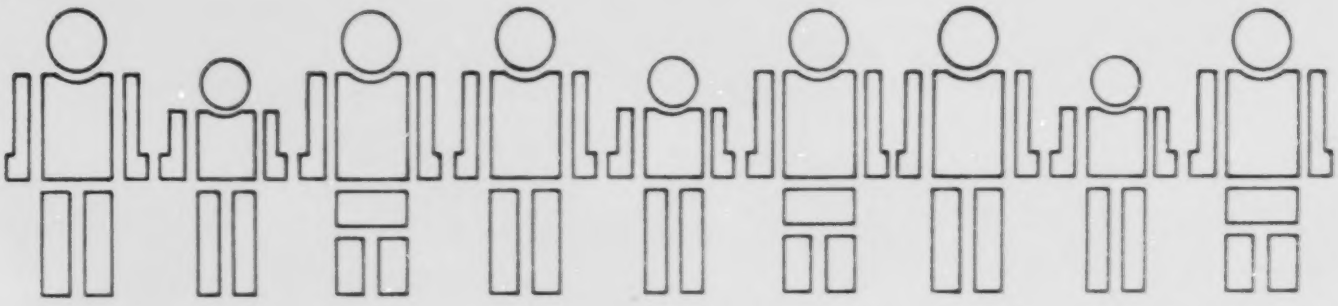
THE DESIGN AND OPERATION OF A RESIDENTIAL FAMILY BASED EDUCATION PROGRAM

SUPPLEMENT NO. 1 TO VOLUME 3

MEASUREMENT AND EVALUATION:

RESEARCH SERVICES DIVISION

CE 014635



APPENDIX

This supplement is designed for use in conjunction with Volume III.

Supplement 1 To Volume III

MEASUREMENT AND EVALUATION: THE RESEARCH SERVICES DIVISION

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TABLE OF CONTENTS

Page

DATA MONITOR COMPONENT APPENDICES

A. DATA MONITOR FORMS
1. Pre-Center Data Inventory Form iii
2. Student Folder Inventory Form iv

B. DATA MONITOR OFFICE PROCEDURES MANUAL v

RESEARCH SERVICES DIVISION

DATA MONITOR COMPONENT

PRE-CENTER DATA INVENTORY

APPENDIX A 1

Document	Date Rec'd			Comments
.1 INTERVIEW NARRATIVE				
2. APPLICATION				
3. EDUCATION				
4. WRAT				
5. GATB SCORE CARDS				
6. EMPLOYMENT HISTORY				
7. FINANCIAL DATA				
8. FINANCIAL STATUS				
9-1. SOCIOLOGICAL DATA (PAGE 1)				
9-2. SOCIOLOGICAL DATA (PAGE 2)				
10. STATEMENT OF UNDERSTANDING AND AGREEMENT				
11. INFORMATION RELEASE				
12. POLICE RECORD CHECK				
13. EMPLOYER EVALUATION				
14. CREDIT CHECK				
15. AGENCY NARRATIVE				
16. MEDICAL HISTORY				
17. PHYSICAL EXAMS				
18. MATERNITY RELEASE FORMS				
19. PRELIMINARY BUDGET				

NAME _____

ENTRY DATE _____

EXIT DATE _____

STUDENT FOLDER
INVENTORY

APPENDIX A 2

		SWP Pre-Test	SWP Post Test	SPR					
SWP. 11 Math	HOH					Memos			
	SP.								
15 Comm Skills									
51 Health									
61 Consumer Ed.									
63 Home Management									
70 Parent Involvement									
Career Development Log						Picture			
Student Summary Profile						Printout			
Individual Career Planning Summary Sheet (Lap 17)						Student Completion Calendar			
Career SWP						Student Termination Form			
Support SWP						Relocation			
Support SWP						Dislocation			
						Transcript			

Week Review	Career	11 Math	15 Comm	Other					
DET & SWP									
					Medical				
Schedule Change Log									
Request for Incentive Days Off									
Personal Data Sheet									

APPENDIX B

Mountain-Plains Education & Economic Development Program, Inc.

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A RESPONSE TO THE NATIONAL INSTITUTION OF EDUCATION

SCOPE OF WORK

DATA MONITOR OFFICE PROCEDURES FOR MAINTAINING QUALITY STUDENT DATA

Produced by

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October, 1974

TABLE OF CONTENTS

	Page
Introduction	1
Pre-Center Data Procedures	2
Student Working Folder Assembly and Use Sequence	4
Document Control Procedures	11
Data Quality Control Procedures	15
Computer Loading of Student Programmatic Data	18
Index of Documents	21
Glossary of Terms and Definitions	25
Attachments	29

LIST OF ATTACHMENTS

1. Student Data Flow Chart
2. Pre-Center Data Inventory
3. Coding Form
4. Coding Form
5. Coding Form
6. Coding Form
7. Application For Career Certification
8. Application For Resignation
9. Career Development Guidance Log
10. Development Employability Traits
11. Preparatory or Validation Work Experience Education - Evaluation
12. Exit Confirmation Alert
13. Exit Report
14. Individual Career Planning Summary Sheet
15. Request For Incentive Days Off
16. Need For Non-Local Medical Care
17. On Site Evaluation
18. Personal Data Sheet
19. Reason For Resignation
20. Request For Schedule Change
21. Request For Transcript
22. Resignation Report
23. Schedule Change Log
24. Student Dislocation Form
25. Student Folder Inventory
26. Student Progress Record
27. Student Profile Summary
28. Student Relocation Form
29. Student Termination Form
30. Student Work Plan
31. Transcript of Record
32. Work Experience Placement
33. Student Print-Out

INTRODUCTION

A newly acquired responsibility of Research Services is to ensure appropriate quality and quantity of student data for day-to-day operation, management decision making, and research. The maintenance of pre-center data files and both quality control and maintenance of on center student data (except student accounting) is done by the Data Monitoring Department within Research Services. The Data Monitoring Department, supervised on a part-time basis by Dr. David Anderson, Internal Evaluation Specialist, receives and handles the pre-center data and on center generated student data listed in the Index of Documents. This includes nearly all student documents except accounting and selected counseling records. The Data Receiving Technician, Vickie Turner, receives documents, performs quality checks, sorts, files, inventories, and makes the student data available for approval, action and computer input. The File Clerk, Freda Siefert, assists the Data Receiving Technician in handling the documents and student folders.

The Data Monitor Office maintains two folders for each student. A Pre-Center Folder which contains information originating in the six-state area concerning the student. This state data is forwarded to the center for final approval of the potential student and reference information (see the Inventory Forms for folder contents and pre-center data procedures for data control procedures).

The second folder is the Student Working Folder which contains data concerning the student's on center programmatic activities. (See Attachment No. 25 for contents and Student Working Folder Assembly and Use Sequence for data handling procedures.)

PRE-CENTER DATA PROCEDURES

Pre-Center Data are pre-program characteristics and originate in the six-state area. When a prospective new student family is identified, the recruiter begins the pre-center data package. If, in the judgment of the recruiter, the family meets the selection criteria, the pre-center data package is completed and sent to the Research Services Division on center prior to any final travel arrangements for the family.

When received by Research Services, the Data Clerk reviews the pre-center data package to accomplish three tasks. First, the Data Clerk will determine whether there are any questions concerning possible violation of selection criteria. Questions will be brought immediately to the attention of the Research Analyst; Director of Research Services Division and; Director of Support Services Division.

The Data Clerk then audits the pre-center data package to make a deficiency form and also notes on each form the number of additional copies, if any, needed for on center distribution. The audit is recorded on a form noting the number of usable copies of each form received. Data deficiencies or incomprehensibilities are reported in standard format to the Directors of Research and Support Services. The Director of Support Services requests the concerned state office to rectify the deficiency.

The Data Clerk retains one copy of each form designated to be filed by the Research Division System Level Research Department. These copies are batched, coded and keypunched weekly. Monthly the data are forwarded to the ABT Associates in

punched card form. Then the remaining pre-center package is forwarded to Support Services Division for final approval. If the student candidate meets the selection criteria, the pre-center data is forwarded to the Data Monitor Office and the recruiter is notified to complete final translocation arrangements. The Data Receiving Technician logs the batches to the Data Dissemination Technician by recording student names on the Pre-Center Data Inventory Cards (see Attachment No. 2). The indicated number of copies are made and the prescribed dissemination made on center. One complete set of forms is delivered to the Data Monitor Office where it is audited on Pre-Center Data Inventory Cards (Attachment No. 2), checked against the new student arrival list (the Data Clerk's audit list), and filed with the on-center student confidential files. A file folder is prepared with a pink label which has student number, last name, head-of-household, and state of origin. This file becomes the on center permanent or reference file and is available for check-out according to the prescribed Data Monitor Office check out procedure. These files are checked out to student advisors within one week prior to students arriving on center for their review.

STUDENT WORKING FOLDER ASSEMBLY AND USE SEQUENCE

While on center there are several events which yield data. This data is recorded and transmitted on various documents (see Index of Documents), many of which are kept in the Student Working Folder. The following section describes in general how the major documents are generated, used, and made available for computer loading (see Computer Loading of Student Programmatic Data). Attachment No. 1 is a general flowchart which shows the events that generate or make Student Programmatic Data available.

Initiating Student Folders:

Each week Student Accounting prepares a list of new "projected student arrivals". This list has a student number, name of head-of-household and spouse, number of children and state of origin. A copy of this list goes to the Data Monitor Office and is used as a basis for initiating new folders.

The new working folder is labeled with student number, last name, head-of-household, and state of origin on a green label. The Career Development Log and student folder inventory form are put in the folder at this time. These folders are filed in the active files in alphabetical order to be used when on center data begins arriving in the Data Monitor Office.

Testing Schedule During Orientation:

The entry tests are those administered to entering Mountain-Plains students during their Orientation period. The Orientation schedule (see Policies and Procedures Manual for Operation of the Mountain-Plains Test Center, page XIII), is prepared by the Community Instructor's office and forwarded to all interested parties. The

Data Center then assumes the responsibility for ensuring that the schedule is applied to incoming students. The entry tests are given according to the following schedule:

Monday Afternoon:	FCC pretesting (Excluding Parent Involvement)
Tuesday Morning:	CTBS (first half)
Tuesday Afternoon:	OVIS, POI, Mooney Checklist
Wednesday Morning:	CTBS (second half)
Wednesday Afternoon:	FCC pretesting (Parent Involvement)
Thursday Morning:	Math Test
Friday Afternoon:	GATB (if needed)
Monday Afternoon:	16PF Form C, Student Inventory

Family Core Curriculum Pretests:

Pretest in Health, Consumer Education, Home Management, and Parent Involvement. The Test Center records pretest scores to the LAP level on the Student Progress Record and to the Student Terminal Performance Objective level on the Student Work Plan. These are hand delivered by the Test Center to the Data Monitor Office by Friday of each week. The Data Receiving Technician checks to ensure that all forms are correctly filled out (see Data Quality Control Procedures), computes the overall percentage score, and enters it on the Student Work Plan. The third copy of the Student Work Plan is removed and logged into the student folder. The remaining copies of the Student Work Plan and the Student Progress Records are logged out to be picked up (hand carried) by the respective area upon notification by the Data Monitor Office (see Document Control Procedures).

Foundation Education Pretest: (Math Skills & Communication Skills)

At present, Math and Communication Skills pretests are administered in those areas and the *third copy of the Student Work Plan with the pretest scores is delivered to* the Data Monitor Office. These documents are checked for quality (see Data Quality Control Procedures), logged into the Student Folders and entered on the Master Log.

Family Core Curriculum or Initial Plan:

At the end of orientation the student family is scheduled for an appointment with their advisor on Monday or Tuesday of the following week. By this time the Student Working Folders have the Student Work Plans showing pretest scores and estimated times of completion for each Family Core Curriculum area along with Math and Communication Skills. The folders are batched for check-out to Student Advisors on the appropriate days (see Document Control Procedures). The advisors use pretest information in writing a student's initial plan on the Student Summary Profile and making schedule recommendations. The student is then scheduled into the Family Core and Foundation Education areas.

After the advisor writes the initial plan, which is accomplished by completing selected entries on the Student Profile Summary, the folder is routed to the Data Technician and this initial data is coded for computer input (see Computer Loading of Student Programmatic Data).

Family Core Curriculum Completion:

As a student completes the Family Core Curriculum areas, the Student Progress Record is filled out, unit times are entered on the Student Work Plan, and the Student Work Plan and Student Progress Record for each student is sent to the Data Monitor

Office. These forms are held in the student files by the Data Monitor Office until the student completes each Family Core Curriculum area. When the student has completed all four areas, he is scheduled for Family Core Curriculum post testing in the Test Center. The student is instructed to hand carry his Student Work Plan and Student Progress Records to the Test Center where post scores are recorded on them after test scoring. After test scores are recorded, the Student Work Plan and Student Progress Record is again returned to the Data Monitor Office where it is logged (see Document Control Procedures) to the Data Technician for Computer loading (see Computer Loading of Student Programmatic Data). When returned to the Data Monitor Office, the forms are logged into the student folder, recorded on the Master Log, and recorded on the Student Summary Profile. The Master Log is an Index Card File (8½ x 11) with Pre-Center Data Inventory on one side and Student Working Folder Inventory on the other side.

Foundation Education Completion:

As students complete Foundation Education (Math Skills and Communication Skills), their Student Work Plan and Student Progress Records are completed and forwarded to the Data Monitor Office. They are checked for completeness, batched and logged out to the Data Technician for computer loading, (see Computer Loading of Student Programmatic Data). When these forms are returned to the Data Monitor Office from the Data Technician, they are entered into the student folders and logged in both the folder and the Master Log.

Career Plan:

When the student completes Career Guidance, his Individual Career Planning Summary sheet is forwarded to the Data Monitor Office from Career Guidance. Addition-

ally, the student has been scheduled to a career preparation area or the test center for pretesting. The career Student Work Plan with pretest results is delivered to the Data Monitor Office where it is checked (see Data Quality Control Procedures). The scheduler then schedules the student to see his advisor. His Career Planning Sheet and Career Student Work Plan are logged in his folder and on the Master Log ready for check-out (see Document Control Procedures) the day he has his appointment with his advisor.

The advisor visits with the student and based on this visit and the information available in the folder, the advisor either writes a career plan which starts the student into his career preparation or sends him back to Career Guidance for further exploration. The career plan is the entering of selected information on the Student Summary Profile. After the plan is written, the folder is routed (see Document Control Procedures) to the Data Technician for computer loading (see Computer Loading of Student Programmatic Data) and the student is scheduled into a career area. The folder is again returned to the Data Monitor Office and checked in.

Six-Week Review:

All students who have career plans and are scheduled into career areas, are put on one of six, six-week review lists. Each week the Data Technician sends the instructional area a list of those students for whom a DET (Developmental Employability Trait Form) is to be filled out for scheduled six-week review. The DET is returned to the Data Monitor Office with a copy of his Student Work Plan that shows current curriculum progress.

When the DET's and SWP's are received by the Data Monitor's Office, they are checked against a copy of the six-week review list to ensure that all are present. The top copy of the DET is removed and attached to the Student Work Plan. Remaining copies of the DET's are logged out to the Data Technician for distribution to career guidance, counseling, and the originating curriculum area.

On the Student Work Plan, the student recorded time entered to the right of each unit number is summed. Also, the unit estimated time to the left of the unit numbers is summed for all completed units as indicated by the student recorded time in parentheses. If the student recorded time is outside the parentheses, the unit is in progress but not completed. The sum of the estimated (normed) time for completed units is called student progress time. Student recorded time and student progress time is noted on all the Student Work Plans and the batch for that week is logged out (see Document Control Procedures) to the Data Technician for computer loading (see Computer Loading of Student Programmatic Data). The data is coded and computer processed so that a printout is available to the advisor for the student review appointment.

When the batch containing the first copy of the DET's and the Student Work Plans is returned to the Data Monitor Office, the documents are filed in the student folder and logged in the student folder log and Master Log. The folder is then ready for check-out when the student is scheduled for his six-week review interview with his advisor. This procedure is repeated every six weeks to monitor student progress as long as the student is scheduled into Math, Communication Skills, and/or a career area. The advisor is then better able to identify and advise accordingly when a problem arises.

DET's that are sent in other than on the regular schedule may or may not be accompanied by a Student Work Plan. The top copy of the DET is retained by the Data Monitor Office and logged in to the student folders and Master Log. The other copies are logged out to the Data Technician for distribution and action.

Career Completion and/or Departing:

As students complete their career curriculum areas, they are post tested. The performance test is administered in the Curriculum Area and the cognitive written test in the Test Center. Test results are recorded on the Student Work Plans, and hand delivered to the Data Monitor's Office along with the Student Progress Record. These forms, along with Career area completion data, are checked for completeness, accuracy, necessary computations made (see Data Quality Control Procedures), batched, and logged out to the Data Technician (see Document Control Procedures). The Data Technician codes the data for computer input (see Computer Loading of Student Programmatic Data) and returns them to the Data Monitor Office where they are put in the student folders. Data is entered on the Student Profile Summary, logged in the folder and in the Master Log.

Data concerning Students who leave the Center without completing, is handled the same as above except that they may not post test and, therefore, may have no post test scores.

DOCUMENT CONTROL PROCEDURES

Student Folder Check-out:

The Data Monitor Office maintains a complete set of student pre-center data and on-center data except for student accounting and special counseling reports. This data is to serve two main purposes: first, day-to-day program operation and, second, a source of baseline data for Research. In order to serve these purposes the data must be available to those who need it.

Student folder check-out procedures for routine day-to-day operations are as follows: 8:00 a.m. the student folders for the morning Student Advisor appointments are checked out in batches, according to the batch list requests, to one of two designated persons. The batch lists are the Advisor appointments for the day plus known needs of the Data Technician for loading the computer. At present, the two designated people who can check out documents are the Advisor Aide and the Data Dissemination Technician. In the event that both of these people are out, the Registrar will designate a substitute. Batches will be checked out by listing student names on three-part forms. These forms are dated plus the batch number for the day following the date. The batch is then checked out on the check-out log by listing the batch date and number. The top copy of the three-part form goes with the batch and the other two copies stay in the Data Monitor Office. Folders for walk-in appointments and other unscheduled needs will be checked out individually on the check-out log by the above designated persons. During the morning the batch for the afternoon appointments will be prepared.

1: 00 p.m. the afternoon batch is checked out to one of the designated check-out persons. During the afternoon the designated check-out persons returns the morning batch of student folders to the Data Monitoring Office. Usually some of the folders in any batch issued need to go to the Data Technician for computer loading as indicated by the Student Advisor. This is accomplished by putting the three copies of the batch list together and marking off these folders that are returned to the Data Monitor Office. The second copy goes with the remainder of the batch to the Data Dissemination Technician and the other two copies are retained by the Data Monitor Office.

3: 00 p.m. the appointments list or batch check-out list for the next morning are sent to the Data Monitor Office to allow time for pulling and preparing the folders for check-out.

4: 30 p.m. the afternoon batch is brought to the Data Monitor Office for check-in or re-check to the Data Dissemination Technician. All individual check-out files are to be returned and the afternoon appointment list for the next day brought to the Data Monitor Office.

Modified batches checked out to the Data Dissemination Technician should be returned to the Data Monitor Office as soon as the data is coded from them. Holding the folders for more than one day should be avoided.

The above procedures apply specifically to the Student Working Folder; however, the pre-center or confidential folder is handled in the same manner.

A minimal number of student folder check outs that cannot be accommodated by the above procedure will be handled on an ad hoc basis with the approval of the Data Monitor Supervisor or the Director of Research Services Division.

Control of Documents Not in Student Folders:

There is another procedure to account for selected documents which must be handled individually for computer input and/or dissemination, rather than being directly incorporated into a file. These documents are batched by type and recorded into a log. If there is a list against which the documents have already been checked out, only the description is entered. When there is not a checklist the student names for each batch are listed in the log. Two logs are kept, one for documents that go directly to the Data Dissemination Technician for computer coding and which are logged back in by recording the return date. The other is used to record those documents that are intended for other areas within the organization.

Documents Logged Out to the Data Dissemination Technician:

The following documents are checked for quality (see Data Quality Control Procedures), batched and logged out to the Data Technician:

1. Student Work Plans that:
   A. Accompany the DET form and transmit student progress.
   B. Are sent in for Progress Data from the areas for noncompleting students that drop out of the program.
   C. Are sent in from the Test Center or the area with post test scores and final Student Recorded Hours.
2. Application for Resignation.
3. Student Termination Form.

4. Work Experience Placement.

5. Student Dislocation Form.

Other Documents:

Other documents that are logged out for records control are listed below:

1. Copies of the DET form are logged out to the Data Dissemination Clerk for distribution.

2. Family Core Curriculum Student Work Plan and Student Progress Records are logged out to the appropriate areas after pretest processing.

3. The above are logged out to the students to hand carry to Test Center for post testing.

4. The Pre-Center Data packets are logged to the Data Dissemination Technician for copying and dissemination by means of the Pre-Center Inventory Clerk. (See Pre-Center Data.)

DATA QUALITY CONTROL PROCEDURES

Data quality control requires an orderly and specific flow of data transmittal documents upon which is recorded predetermined information. The data and the flow must be audited to ensure all data requirements are met.

Quality must be measured against the purpose for which it is intended, therefore, the first step is to determine who needs what data, in what form and when. Next, determine the source of this data. When the above has been identified, transmittal document format and routing can be established.

Quality control begins with monitoring the transmittal documents to ensure they are originated and received on time. The quality of the data on the document is audited to ensure completeness, appropriateness and accuracy.

Many routine documents, such as a request for incentive leave, do not require specific quality control procedures. However, some of the more complex forms necessitate systematic inspection and handling. The Student Work Plan and the Student Progress Record are key transmitted documents for student educational data. The following will outline procedures for quality control of selected documents.

Family Core Curriculum Student Work Plan and Student Progress Records from Test Center:

A. Check against new student list and reconcile differences.
B. Check for scores and pretest date.
C. Compute % score.
D. Remove last copy of SWP and insert in file and log in folder and master log.
E. Batch remaining SWP's and SPR's for distribution to appropriate areas.
F. Batch files for check-out according to advisor appointment list. Also check out to data technician for computer loading.
G. Check batch in, inventory, and file.

Math and Communication Pretest Student Work Plan:

(At present Math and Communication Skills SWP's come to Data Monitor in single copy from the areas.)

A. Check for scores and date.
B. Insert SWP in folder and Master Log.
C. Continue with F above (FCC, SWP's, and SPR's from test center).

Family Core Curriculum Student Work Plan and Student Progress Records from Instructor Areas When Student Completes:

A. Check SPR for times and scores and instructor verification.
B. Check SWP for time/unit and completion date.
C. Put SWP and SPR with folder and log in, in folder and Master Log.
D. When notified that students complete all FCC, batch SWP and SPR/student.
E. Log out FCC, SWP and SPR for post testing to test center (hand carried by student).
F. Log SWP and SPR from test center after post testing.
G. Check for scores and dates and compute % scores.
H. Batch for computer loading.
I. Check out to Data Technician.
J. Check in from Data Technician.
K. Enter SWP and SPR in folder and log in folder and on Master Log.
L. File folder.

Math and Communication Student Work Plan and Student Progress Records from Instructor Areas:

A. Check for time, scores and date.
B. Batch for computer loading.
C. Check out to Data Technician.
D. Check in from Data Technician.
E. Enter in student folder and log in folder and Master Log.
F. File folder.

Career Student Work Plan and Student Progress Reports from Test Center (Pretest).

A. Check for scores and date.
B. Compute % scores.
C. Remove last copy of Student Work Plan, insert in folder and log in folder and Master Log.
D. Insert Remaining SWP's and SPR's in folder for student to hand carry to area when scheduled - or - batch and log out for hand delivery to areas.
E. Batch and check out folders for advisor appointments and to Data Technician for computer loading.
F. Check in batch.
G. Inventory and file folders.

Six-Week Review Developmental Employability Traits and Student Work Plans:

A. Check for SWP and DET (if appropriate).
B. Batch by date due.
C. On date due, remove top copy of DET and attach to SWP.
D. Compute student progress hours (SPH) and student recorded hours (SRH).
E. Batch remaining copies of DET and log out to Data Dissemination Technician for distribution.
F. Enter DET and SWP in student folder and log in folder and on Master Log.
G. Batch and check out student folders for advisor appointments and Data Technician for computer loading.
H. Log in batch.
I. Inventory and file folders.

Career Student Work Plan and Student Progress Records from Curriculum Areas When the Student Leaves the Area:

A. Check for both SWP and SPR.
B. Check for exit date on SWP.
C. Check for Instructor's name on SWP.
D. Check for all units on SWP either completed with time entered or prevalidated.
E. Check for post test raw scores (from Curriculum area and/or test center for completion).
F. Compute post test % score.
G. Compute and note for Data Technician the student progress hours and student recorded hours.

COMPUTER LOADING OF STUDENT PROGRAMMATIC DATA

Computer services have been contracted to facilitate the processing, storage and display of student data concerning programmatic activities on center. One computer printout provides a permanent reference record of students following their departure from the center. A second printout is of students currently in the program. The second is a summary of a student's programmatic data and is used by student advisors to review level and progress as well as serving as a data base for selected management reports. The data headings of these routing printouts are shown on a sample included (see Attachment No. 33).

One purpose of the Data Monitor Office is providing selected data of appropriate quality to the Data Technician for coding. The Data Technician codes student data from various forms onto one of four special coding forms depending on the type of data. These forms are sent to the contracted computer services for keypunching and computer loading.

Initial Input:

The first computer input for a particular student is made when the student's initial or Family Core Curriculum Plan is written. This occurs at the end of the orientation period which is the second Monday or Tuesday they are on center. At this time students have pretested in Math and Communication Skills and in the Family Core Curriculum areas. Student advisors use this information in writing the student's Initial or FCC Plan.

After the advisor writes the Initial Plan (see Student Working Folder Assembly and Use Sequence -- FCC or Initial Plan), the student's folder is checked out to the

Data Technician (see Document Control Procedure) who codes the initial data input onto a Coding Form (see Attachment No. 3). After coding, the form is sent to the contracted computer agency for processing.

Career Plan Input:

The next computer input is made when the student completes Career Guidance by making a career choice and has his career plan written by his advisor (see Student Working Folder Assembly and Use Sequence -- Career Plan). After the career plan is written, the student folder is checked out to the Data Technician (see Data Monitor Office -- Check-out Procedures), who codes the new data onto a Coding Form (see Attachment No. 3). The completed coding forms are then sent to the computer agency for processing. This form is also used to input any changes or revisions in the student's career plan.

Math and Communication Skills and Family Core Curriculum Post Test Results:

The Post Test scores for Math and Communication Skills are coded when the student completes each area. The Data Monitor Office receives the SWP's from the areas and logs them out to the Data Monitor (see Data Monitor Office Document Control Procedures), for coding on a Coding Form (see Attachment No. 4).

When a student completes all four FCC areas they are scheduled to the Testing Center for post testing. The post test results are sent to the Data Monitor Office and logged out to the Data Technician (see Data Monitor Office Check-out Procedures), for coding on a Form (see Attachment No. 4). The coded data is sent to the computer agency for processing.

Six-Week Review:

Each student's name is put on one of six, six-week review tests. Each weeks progress data for the student on a specific test is received by the Data Monitor Office (see Student Working Folder Assembly and Use Sequence), and logged out to the Data Technician (see Data Monitor Check-out Procedure). The Data Technician codes the progress on a coding form (see Attachment No. 5), returns the documents to the Data Monitor Office, and sends the coded data to the computer agency for processing.

System Exit:

A final on-center data computer loading is made when the student exits the system. When the student completes or withdraws from any area, the area finalizes the Student Progress Record, Student Work Plan, and has them delivered to the Data Monitor office. The Data Monitor office checks them for completeness (see Data Quality Control) and logs them out (see Document Control Procedures) to the Data Technician for Computer Loading (see Attachment No. 6). The coded data is sent to the computer agency and the documents are returned to the Data Monitor Office. The documents are then logged into the student folder and on the Master Log.

When the student exits the system other than as a successful completer, there is no post test score to record. If placement information is available at this time, it is also coded for the computer.

INDEX OF DOCUMENTS

The following list of selected documents are used for student programmatic data and/or to facilitate the orderly flow of students through this program with maximum accountability. Many of these documents reside in the Student Working Folder.

Following each title are three entries to help explain the document.

A. Where the document is originated (data entries)
B. Routing and/or where the document finally resides
C. Why the document is needed

Samples of these documents are included in the attachments.

Application for Career Certification

A. Advisor
B. All Instructors - Advisor Folder
C. Verification of Completion

Application for Resignation

A. Advisor
B. All Instructors - Advisor Folder
C. Notification of Pending Notification

Career Development Guidance Log

A. Advisor
B. Stays in Student Working Folder
C. Record of Visits with Advisor

Developmental Employability Traits - DET

A. Instructional Areas
B. To Data Monitor Office - Copy in File, Counseling, and Career Guidance
C. Student Evaluation - six week review or as needed

Evaluation - Preparatory or Validation - W. E. Ed.

A. Work Experience Work Station Supervisor
B. Placement - Work Experience - Working Folder Advisor - Instructor - Student
C. Work Experience Performance Evaluation

Exit Confirmation Alert

A. Placement
B. Community Instructors - Registrar - Placement File - Student Accounting
C. Notification of Exit and Status

Exit Report - Part I

A. Counselors
B. Counseling Files - Student Folder
C. Data Summary for Files

Individual Career Planning Summary Sheet

A. Career Guidance
B. To Data Monitor Office - Student Working Folder
C. Assist Advisor in Writing Career Plan

Mountain-Plains Request for Incentive Days Off

A. Advisor
B. Advisor - Accounting - Student Folder
C. Approval of Incentive Leave

Need for Non-Local Medical Care

A. Health
B. Advisors - Registrar
C. Verification of Out-of-Town Medical Appointments

On-Site Evaluation Work Experience

A. Work Experience
B. W.E. File - Placement - Advisor - Folder - Instructor
C. In Progress W. E. Evaluation Notification

Personal Data Sheet

A. Work Experience
B. Placement - Folder - Six State - Prospective Employment
C. Placement and Employment

Reason for Resignation

A. Student
B. Career Guidance - Counseling - Advisor/Director - Field Services - Research - Student Folder
C. Student Reason for Resignation

Request for Schedule Change

A. Advisor - Instructor
B. Scheduling - Student Folder
C. Authorization for Schedule Change

Request for Transcript

A. Advisor
B. Word Processing
C. Control and Request for Transcript

Schedule Change Log

A. Student - Advisor
B. Instructors and Scheduling - Student Folder
C. Authorization for Plan Change

Student Dislocation Form

A. Student Accounting
B. All Departments and Six State
C. Confirmation of Exiting - Forwarding Addresses - Financial Statement

Student Folder Inventory

A. Data Monitor Office
B. Stays in Student Folder
C. Inventory of Folder Contents

Student Progress Record

A. Test Center - Instructional Areas
B. Test Center, D. M. Office - Curriculum Areas, D. M. Office - Student Folder
C. Student Curriculum Data

Student Relocation Form

A. Student Accounting
B. All Departments and Six State
C. Assigns Student Number Family Information to Prepare for New Family Notification of Arriving Family

Student Profile Summary

A. Advisor
B. Stays in Student Folder - Copy to Instructional Areas
C. Student Plan and Summary of Programmatic Data

Student Termination Form

A. Community Instructors
B. Student Accounting - Data Center - Student
C. Alert Areas of Student Departing

Student Work Plan

A. Test Center - Career Area
B. Test Center, D. M. Office - Curriculum Areas, D. M. Office - Student Folder
C. Transmit Curriculum Data

Transcript of Record

A. Advisor
B. Placement - Student - Student Folder
C. Record of Completed Courses

Work Experience Placement

A. Work Experience
B. Placement - Scheduling - Advisor - Folder
C. Notification of W. E. Times and Dates

GLOSSARY OF TERMS AND DEFINITIONS

ADVISOR

Student personal advisor. Writes student Family Core Curriculum plan and Career Occupational plan. Advises and counsels student concerning all aspects of the Mountain-Plains Program. Advisors will also, depending upon the student's needs, refer students to other Mountain-Plains staff for assistance.

BATCH

Group of documents assembled by type of document, type of information, and number of documents. If a checklist does not exist to account for each document, student names for each is listed.

CAREER PLAN

An addition to the student's summary profile that prescribes the occupational and support areas the student is to be trained in. Also includes the estimated time to complete each area and pretest scores for each area.

COMPLETION

Validation in all prescribed curriculum areas. Exit mode follows completion.

CURRICULUM AREA

"See Instructional Area".

D.E.T.

Developmental Employability Traits. A form filled out by instructors every six weeks or when requested by the instructional area (instructor) rating the student regarding employability traits.

EXIT MODE

Phase of program where the student interviews with potential employers and prepares to dislocate from the Mountain-Plains Program. (See Student Procedure Book.)

F.C.C.

Family Core Curriculum. Mandatory for all students to complete. Completion may be achieved by prevalidating. Designed to give the student life skills as contrasted to occupational skills. Instructional areas include: Health, Home Management, Consumer Education and Parent Involvement.

FOUNDATION EDUCATION

Instruction in Math and Communication Skills. Each student is required to achieve a predetermined level to support his chosen career preparation area. Additionally, students may choose to obtain a G.E.D. or other personal goal.

INSTRUCTIONAL AREA

Segment dealing in specific subject matter. Synonymous with Curriculum area.

LEAVE (STUDENT)

Absence from the Program as defined by the Student Procedure Book.

OCCUPATIONAL AREA

Instructional area dealing with specific job training.

ORIENTATION

Takes place during student's first seven days on center. Acquaints student with both the program and the local area.

SCHEDULING

Systematic assignment of student time to various instructional areas in order to facilitate successful completion of their educational and occupational plan.

STUDENT PROGRESS RECORD (SPR)

A form on which the student records actual time spent in each Learning Activity Package. Instructors verify completion of each curriculum component by initials. The Test Center records pre and post test results on this form.

STUDENT SUMMARY PROFILE (SSP)

A summary form containing scores, times and dates, referring to prescribed curriculum. The student's plan is written by completing the appropriate portion of this form.

STUDENT TERMINAL PERFORMANCE OBJECTIVES (STPO)

One of a group of general statements for each curriculum area that indicates intended outcome, or student competency, as a result of that particular part of the curriculum area.

STUDENT WORK PLAN (SWP)

A form showing the Student Terminal Performance Objectives for each job title within each curriculum area and the curriculum units that relate to each. The Test Center records pre and post score for each STPO and the instructor records Date and Student Time in each unit. The SWP also serves as a basis for determining estimated time/curriculum area and estimated completion date.

SUPPORT AREA

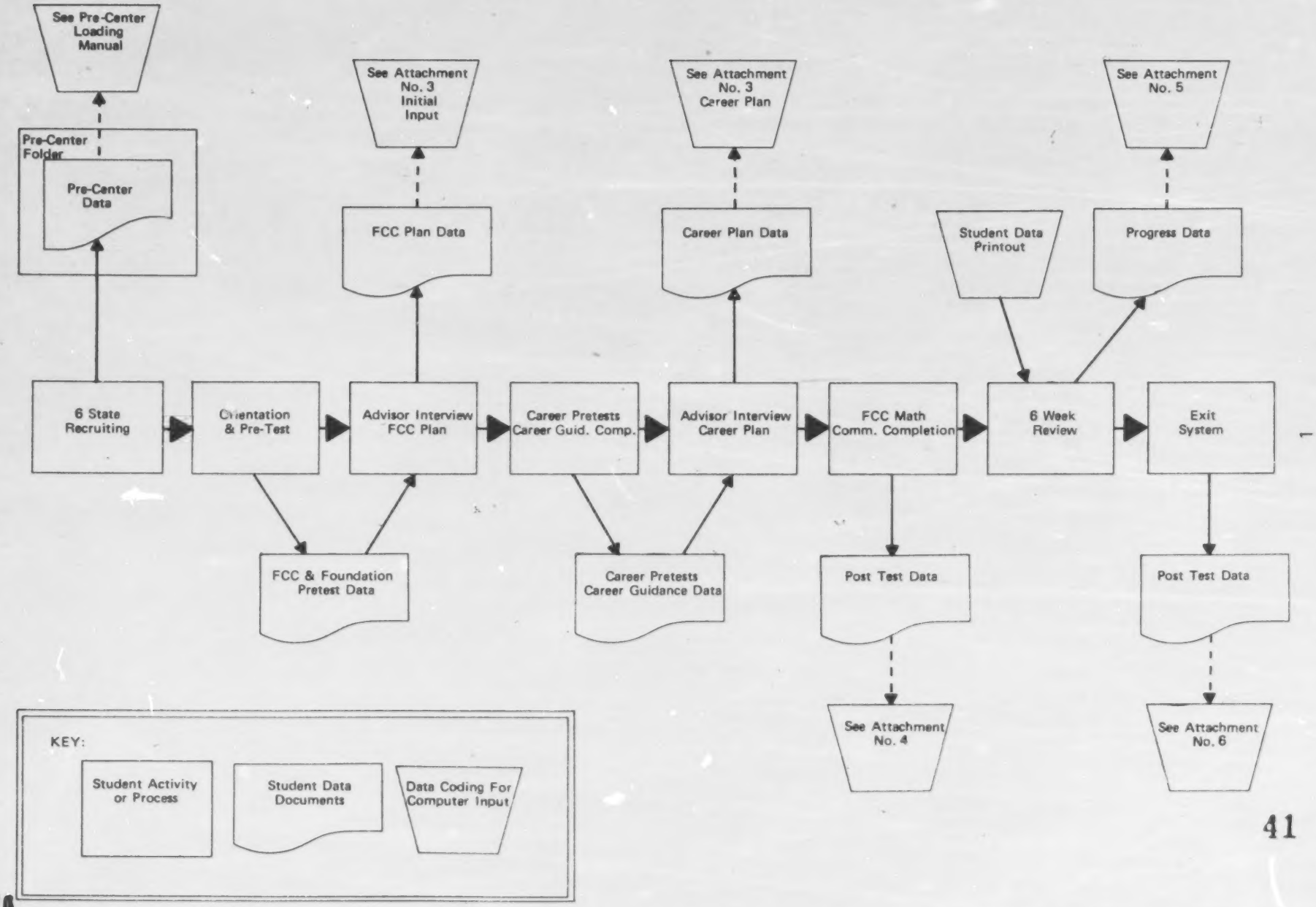
Curriculum area in support of student's major occupational area.

SIX-WEEKS REVIEW

Advisors regular inspection of Student Progress Records to determine satisfactory student progress.

ATTACHMENTS

STUDENT DATA FLOW CHART



PRE-CENTER DATA INVENTORY

Document	Date Rec'd			Comments
1. INTERVIEW NARRATIVE				
2. APPLICATION				
3. EDUCATION				
4. WRAT				
5. GATB SCORE CARDS				
6. EMPLOYMENT HISTORY				
7. FINANCIAL DATA				
8. FINANCIAL STATUS				
9-1. SOCIOLOGICAL DATA (PAGE 1)				
9-2. SOCIOLOGICAL DATA (PAGE 2)				
10. STATEMENT OF UNDERSTANDING AND AGREEMENT				
11. INFORMATION RELEASE				
12. POLICE RECORD CHECK				
13. EMPLOYER EVALUATION				
14. CREDIT CHECK				
15. AGENCY NARRATIVE				
16. MEDICAL HISTORY				
17. PHYSICAL EXAMS				
18. MATERNITY RELEASE FORMS				
19. PRELIMINARY BUDGET				

FAMILY NO. INV. NO.

2 7

☐ NEW

☐ REVISION

REASON: _____

LAST NAME | FIRST NAME | ENTRY DATE | SOC. SEC. NO. | MAJ. CLASS NO.

11 24 34 40 49

MAJOR CLASS NAME | EST EXIT ST.

52 76 80

STATE CODES

1	MONTANA	4	N. DAKOTA
2	WYOMING	5	S. DAKOTA
3	IDAHO	6	NEBRASKA

(or)

	CLASS	ENTRY DATE	PRE-TST	BUDGET HOURS	CURR EXIT	POST TSTD	WRAT PRE	WRAT POST
FAMILY NO.	011							
FAMILY NO.	015							
FAMILY NO.	047			100				
FAMILY NO.	063			100				
FAMILY NO.	066			100				
FAMILY NO.	046			3000				
FAMILY NO.	051			10				
FAMILY NO.	061			0				
FAMILY NO.	080			000				
FAMILY NO.	089			4500				
FAMILY NO.								
FAMILY NO.								
FAMILY NO.								
FAMILY NO.								
FAMILY NO.								

2 9 12 24 29 37 50 55

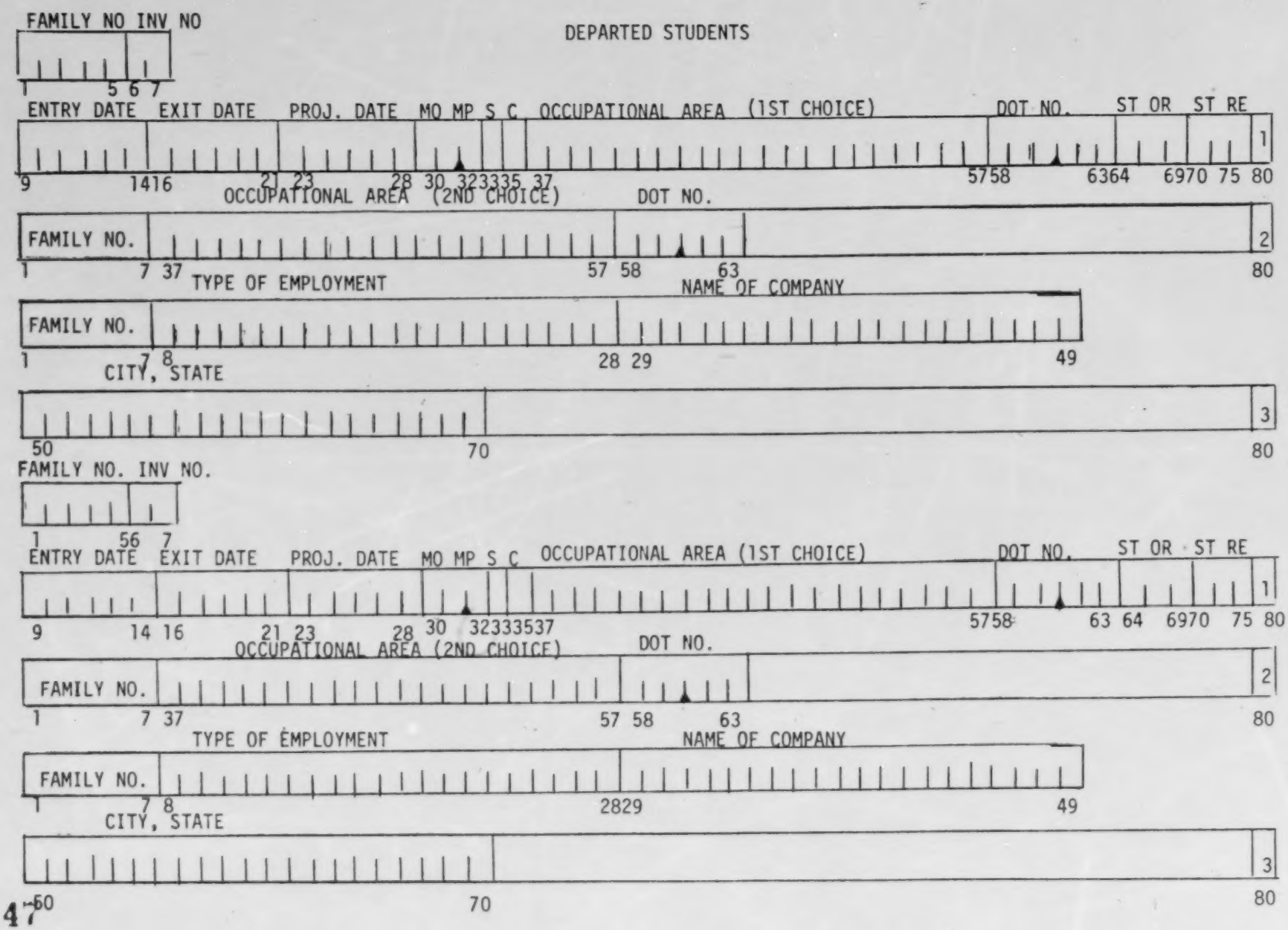
2 6 7 8 9 11 14 19 21 24 28 33 35 38 42

FAMILY NO.	INV NO.	CLASS NO.	CURR ENTRY DATE	PRE-TST %	CURR EXIT DATE	POST-TST %	V or D	MATH WRAT PRE	MATH WRAT POST	BUDGET HRS.

FAMILY NUMBER 2 6	INV NO 7 8	CLASS NO 15 17	PROGRESS HRS. 18 24	STU. RECD HRS

FAMILY NUMBER 2 6	INV NO. 7 8	CLASS NO. 15 17	PROGRESS HRS. 18 24	STU. RECD. HRS

5


DEPARTED STUDENTS
FAMILY NO INV NO
1 5 6 7
ENTRY DATE EXIT DATE PROJ. DATE MO MP S C OCCUPATIONAL AREA (1ST CHOICE) DOT NO. ST OR ST RE 1
9 14 16 21 23 28 30 32 33 35 37 57 58 64 63 69 70 75 80
OCCUPATIONAL AREA (2ND CHOICE) DOT NO.
FAMILY NO. 2
1 7 37 57 58 63 80
TYPE OF EMPLOYMENT NAME OF COMPANY
FAMILY NO.
1 7 8 28 29 49
CITY, STATE 3
50 70 80
FAMILY NO. INV NO.
1 5 6 7
ENTRY DATE EXIT DATE PROJ. DATE MO MP S C OCCUPATIONAL AREA (1ST CHOICE) DOT NO. ST OR ST RE 1
9 14 16 21 23 28 30 32 33 35 37 57 58 63 64 69 70 75 80
OCCUPATIONAL AREA (2ND CHOICE) DOT NO.
FAMILY NO. 2
1 7 37 57 58 63 80
TYPE OF EMPLOYMENT NAME OF COMPANY
FAMILY NO.
1 7 8 28 29 49
CITY, STATE 3
50 70 80

APPLICATION FOR CAREER CERTIFICATION
(Return to Placement)

NAME: _____ (Head of Household) Social Security No.: _____

NAME: _____ (Spouse) Social Security No.: _____

FAMILY NO.: _____ Date: _____

It is my understanding that the elements of the Mountain-Plains Career Preparation Program for my/our chosen field(s) may be completed in ninety days or less. I/We do therefore apply for Career Certification on or about the following date: _____ with all privileges. In support of this application, the following record of completions is presented:

NOTE TO AREA INSTRUCTORS: Your signature below will indicate validation in your area as well as any pre-completion interviews and/or testing. Please describe unusual circumstances on back of the form.

PROGRAM AREAS		HEAD OF HOUSEHOLD		SPOUSE	
		SIGN IF COMPLETED	INDICATE DATE OF COMPLETION	SIGN IF COMPLETED	INDICATE DATE OF COMPLETION
OCCUPATIONAL PREPARATION AREA	Head of Household				
	Spouse				
Consumer Education Program					
Health Education Program					
Counseling Program					
Math Skills					
Communication Skills					
Home Management					
Career Guidance Program					
G.E.D. Program					
CLEP Preparation					
Parent Involvement					
Exit Orientation					
Placement					
WORK EXPERIENCE					

CAREER GUIDANCE

Head of Household (will/will not) complete by the date listed above. Spouse (will/will not) complete by the date listed above. Adjustment of schedule is required (yes/no). (If yes, indicate recommendation) _____

Application Reviewed By _____
(Signature and Date)

Initial Interview concerning placement conducted on _____ _____
(Date) *(Signature of Placement Officer)*

This application approved for: Family Category A _____ B _____ C _____ Agreement Number 1 _____ 2 _____ 3 _____ 4 _____

Date family entered on 90, 60, 30 day roster: _____

Date transcript requested: _____

Date certificate requested (as applicable): _____

_____ _____
(Signature of Registrar) *(Date)*

Comments:

APPLICATION FOR RESIGNATION
(Return to Registrar's Office)

AME: _____ (Head of Household) DATE _____

AME: _____ (Spouse) DATE RETURNED _____

AMILY NO. _____ SOCIAL SECURITY NUMBER _____

We hereby request that I/we be allowed to resign from Mountain-Plains Education & Economic Development Program, Inc. We do therefore apply for Resignation effective on the following date _____ In support of this application, we have read and understand Item III of the "Notice to All Student Families (Student Termination Policy)" dated October 12, 73. I/We are also aware that during the period of time between the date of our resignation request and our date of departure at we will be subjected to the rules and policies which govern all students at Mountain-Plains.

_____ _____

Signature Head of Household *Signature of Spouse*

PROGRAM AREAS		HEAD OF HOUSEHOLD		SPOUSE	
		Sign if Completed	Sign if Not Completed	Sign if Completed	Sign if Not Completed
OCCUPATIONAL PREPARATION AREA	Head of Household				
	Spouse				
Math Skills					
Communication Skills					
G.E.D. Preparation					
CLEP Preparation					
Parent Involvement					
Career Guidance Program					
Home Management					
Consumer Education Program					
Health Ed. Program					
Counseling Program					
Personnel (Insurance)					

ADVISORS:

Notified Housing: (By Telephone): Date & Name of Individual Contacted:

Date Application Completed:

Placement Officer:

Date States Notified:

Resignation Report Submitted

Name of Community Instructor and Date Notified:

TO ACCOUNTING: The above named family will be departing Mountain-Plains on _____

Family Category D
Agreement Number 1 2 3

Comments:

_____
Signed: Registrar

ies for File, Accounting, Placement, Suspense Copy

CAREER DEVELOPMENT GUIDANCE LOG

Name: _____ **Entry Date:** _____

Occupations interested in: _____

_____

Work Element Area: _____

Career Plan Development and Follow-Up

Date	Discussion and Goals or Decisions Reached

CG13-72CD

Date	Discussion and Goals or Decisions Rea

DEVELOPMENTAL/EMPLOYABILITY TRAITS
CAREER GUIDANCE AND COUNSELING

Date _____

To: _____ _____, majoring in
(student)
_____ is scheduled for a plan/progress review. To facilitate this effort please return this form to the Career Guidance Department by _____.

Please rate each trait by checking the most appropriate box below using the following key:

Very Satisfactory. The student is strong on this trait and further development in this area is not required.
Satisfactory. The student is strong enough in this area to gain and maintain employment in his/her chosen career. Added strength would be helpful but it is not essential.
Unsatisfactory. This is a weak point of the student and requires work. The student might be able to gain employment, but would probably not be able to maintain employment due to this weakness.
Very Unsatisfactory. Because of this problem, the student is unemployable. Improvement is essential.

Individual/Personal Traits*	Very Satis-factory	Satis-factory	Unsatis-factory	Very Unsatis-factory
Appearance				
Self-Concept				
Self-Confidence				
Motivation				
Directedness				
Alcohol Problems				
Self-Control				
Self-Knowledge				
Self-Acceptance				

Work Traits *	Very Satis-factory	Satis-factory	Unsatis-factory	Very Unsatis-factory
Competence				
Industriousness				
Accuracy				
Responsibility (tasks)				

Relationship Traits *	Very Satis-factory	Satis-factory	Unsatis-factory	Very Unsatis-factory
Cooperation				
Courtesy				
Perseverance				
Social Contact				
Intimacy				
Marital Harmony				

Overall Traits*	Very Satis-factory	Satis-factory	Unsatis-factory	Very Unsatis-factory
Dependability/Reliability				
Responsibility (personal)				
Ambition				

Comments: _____

Please check (✓) one:

___1. The student is progressing in his/her program and does not require a six-week review.
___2. The student is not progressing in his/her program and does require a six-week review.

Incentive Leave - check (✓) one:

___1. The student is progressing satisfactorily and is to be considered for Incentive Leave.
___2. The student is not progressing satisfactorily and should not be considered for Incentive Leave.

(*Traits defined on back)

THIS FORM FOR:

___6 Week Review
___Referral - General Information
___Referral - Immediate Attention

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 524-6221

EVALUATION
PREPARATORY OR VALIDATION WORK EXPERIENCE EDUCATION
(To be completed by Cooperating Employer)

STUDENT_____ **Family No.**_____

WORK STATION_____

VALIDATION IN_____

DATE ENTERED_____

DATE OF EVALUATION_____

Please rate each trait by checking the most appropriate box below using the following key:

Very Satisfactory. The student is strong on this trait and further development in this area is not required.
Satisfactory. The student is strong enought in this area to gain and maintain employment in his/her chosen career. Added strength would be helpful but is not essential.
Unsatisfactory. This is a weak point of the student and requires work. The student might be able to gain employment, but would probably not be able to maintain employment due to this weakness.
Very Unsatisfactory. Because of this problem, the student is unemployable. Improvement is essential.

Individual/Personal Traits*	Very Satisfactory	Satisfactory	Unsatisfactory	Very Unsatisfactory
Appearance				
Punctuality				
Attendance				
Self-confidence				
Self-Control				
Self-Knowledge				

Work Traits*	Very Satisfactory	Satisfactory	Unsatisfactory	Very Unsatisfactory
Competence				
Industriousness				
Accuracy				
Accepts Responsibility (tasks)				

Relationship Traits*	Very Satisfactory	Satisfactory	Unsatisfactory	Very Unsatisfactory
Cooperation				
Courtesy				
Perseverance				
Social Contact				

Overall Traits*	Very Satisfactory	Satisfactory	Unsatisfactory	Very Unsatisfactory
Dependability/Reliability				
Responsibility				
Ambition				

Please rate the student with respect to his/her overall competence, performance, proficiency and success of employability. Compared with your other employees, does the student have potential to:

1. Rank in the upper ¼ of your employees ( )
2. Rank in the upper ½ of your employees, but not among the upper ¼ ( )
3. Rank in the lower ½ of your employees, but not among the lower ¼ ( )
4. Rank in the lower ¼ of your employees ( )

Needs Improvement In: _____

Specific Strengths: _____

Additional Comments: _____

(Traits defined on back)

Work Experience Signature *Date* 11 *Employer Signature* *Date*

INDIVIDUAL/PERSONAL TRAITS

1. Appearance. Dress and grooming are appropriate to the career for which the student is preparing.
2. Punctuality. The student arrives and leaves his/her work station at the appropriate times.
3. Attendance. The student was not absent from his/her work station for an unauthorized reason. When the student was absent, he/she notified the employer and Work Experience staff in an ample amount of time, stating the reason for the absence.
4. Self-Confidence. The feeling that one has abilities and can reach realistically arrived at objectives by employing them.
5. Self-Control. The ability to appropriately express and channel one's feelings and impulses when inappropriate or instantaneous expression would impede achivement of long range/higher order goals/objectives.
6. Self-Knowledge. A felt understanding of one's own abilities, action tendancies, aspirations and limitations.

WORK TRAITS

7. Competence. The student applies the knowledge for which he/she has been trained.
8. Industriousness. The student applies himself fully to his work with a minimum of unproductive time.
9. Accuracy. Work is completed properly by the student. It does not have to be redone because of errors.
10. Accepts Responsibility (tasks). The student accepts work assigned and does not avoid difficult or unwanted tasks.

RELATIONSHIP TRAITS

11. Cooperation. Works well with others, both co-workers and supervisors.
12. Courtesy. Shows concern and understanding for the rights and needs of others.
13. Perseverance. The student does not become discouraged when initial approaches to task completion fail.
14. Social Contact. The ability to interact with persons and institutions in ways that fulfill the individual's needs without harming the other persons or impeding fulfillment of institutional roles.

OVERALL TRAITS

15. Dependability/Reliability. The ability to consistently do that which is expected or required; particularly in regards to work/classroom performance.
16. Reponsibility. Acceptance of the fact that one's condition/situation is invariably the direct result of one's own actions/responses. Absence of blaming others, blaming self in self-pitying fashion (as opposed to accepting responsbility and learning from a situation). Acceptance of responsibility implies increased self-directedness (as opposed to dependence for direction on others).
17. Ambition. A real desire to succeed in school and on the job.

11 (Continued)

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 524-6221

EXIT CONFIRMATION ALERT

TO: Supervisor, Community Instructors

CC: Accounting

FROM: Placement Officer

SUBJECT: Exit Confirmation

The _____ family has:

- ☐ 1. Accepted Employment on a Job Interview
- ☐ 2. Exiting without Job Placement
- ☐ 3. Resigned effective _____ (date).
- ☐ 4. Been administratively dismissed effective _____ (date).

The above mentioned family should exit Mountain-Plains no later than _____

for _____ , _____ .

Please make the necessary arrangements.

_____

Placement Officer

PD 005

EXIT REPORT - Part I
Instrumented Data
(Revised, June, 1974)

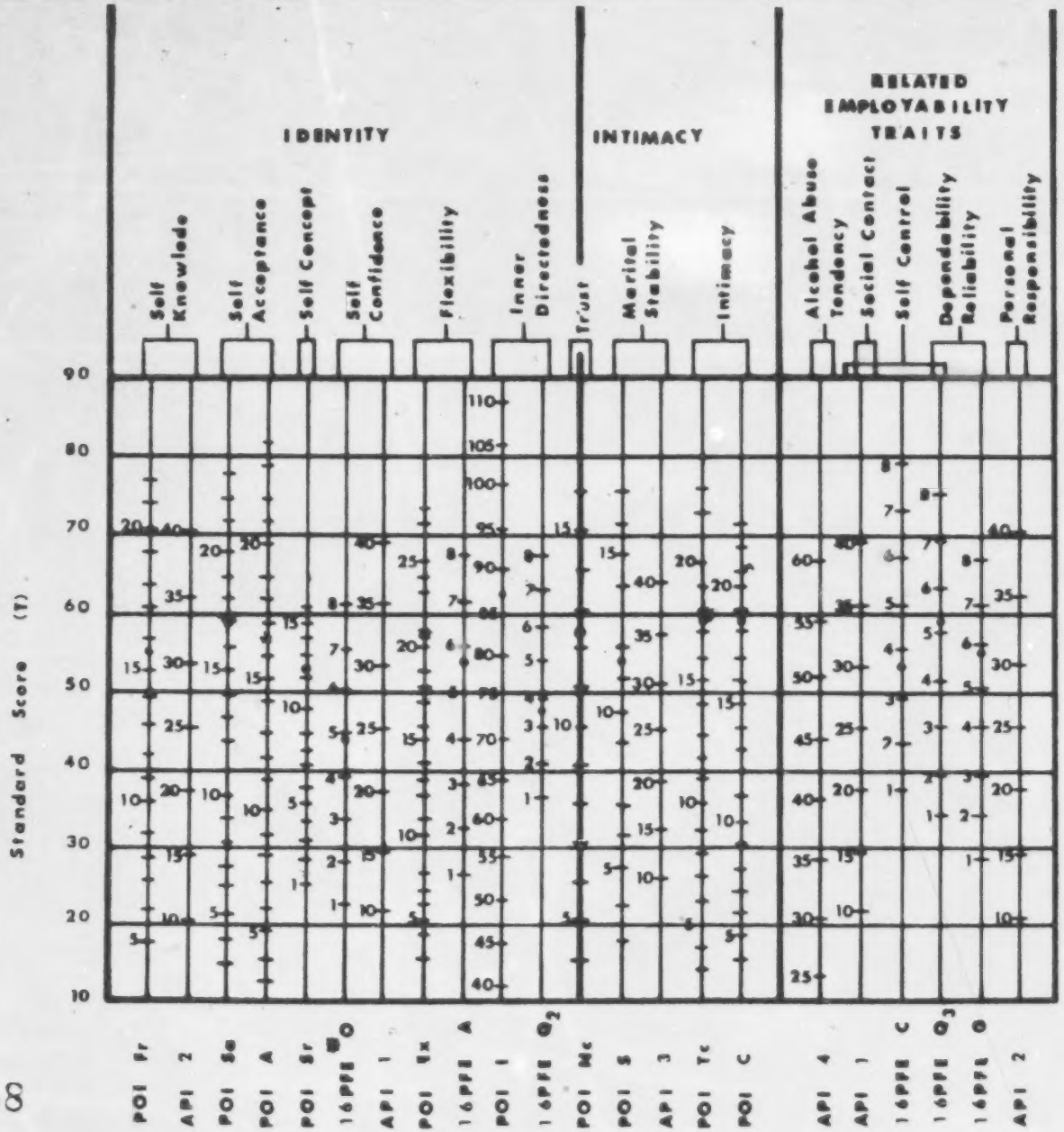
1. NAME _____ HOH _____ SPOUSE _____
2. FAMILY NO. _____ STATE _____
3. COMPLETION: OCCUPATIONAL PREP ____ CORE CURRICULUM & SOME PREP ____
   CORE CURRICULUM ONLY ____ NO COMPLETION ____
4. METHOD OF EXIT: COMPLETE ____ RESIGN ____ DESERT ____
   ADMINISTRATIVE EXIT ____
5. PREPARATION AREA(S):
6. ENTRY DATE _____ EXIT DATE _____ WEEKS IN PROGRAM _____
   _____ EXIT REPORT
   _____ INTERIM REPORT AS OF _____ WEEKS
7. TIME IN COUNSELING

	SESSIONS		HOURS	
	With Spouse	Without Spouse	With Spouse	Without Spouse
a. Individual therapeutic				
b. Individual Administrative				
c. Group, "Cognative Cycle"				
d. Group, Other*				

   e. Total time - individual (hours) _____
   f. Total time - groups (hours) _____
   g. Total time in counseling (hours) _____

*Briefly explain type of group assignment(s) in this category:

8. COUNSELING COMPLETER YES _____ NO _____
   If no, explain reasons:



DEVELOPMENTAL PROFILE FORM
FEMALE

Name _____

Entry Date _____

Exit Date _____

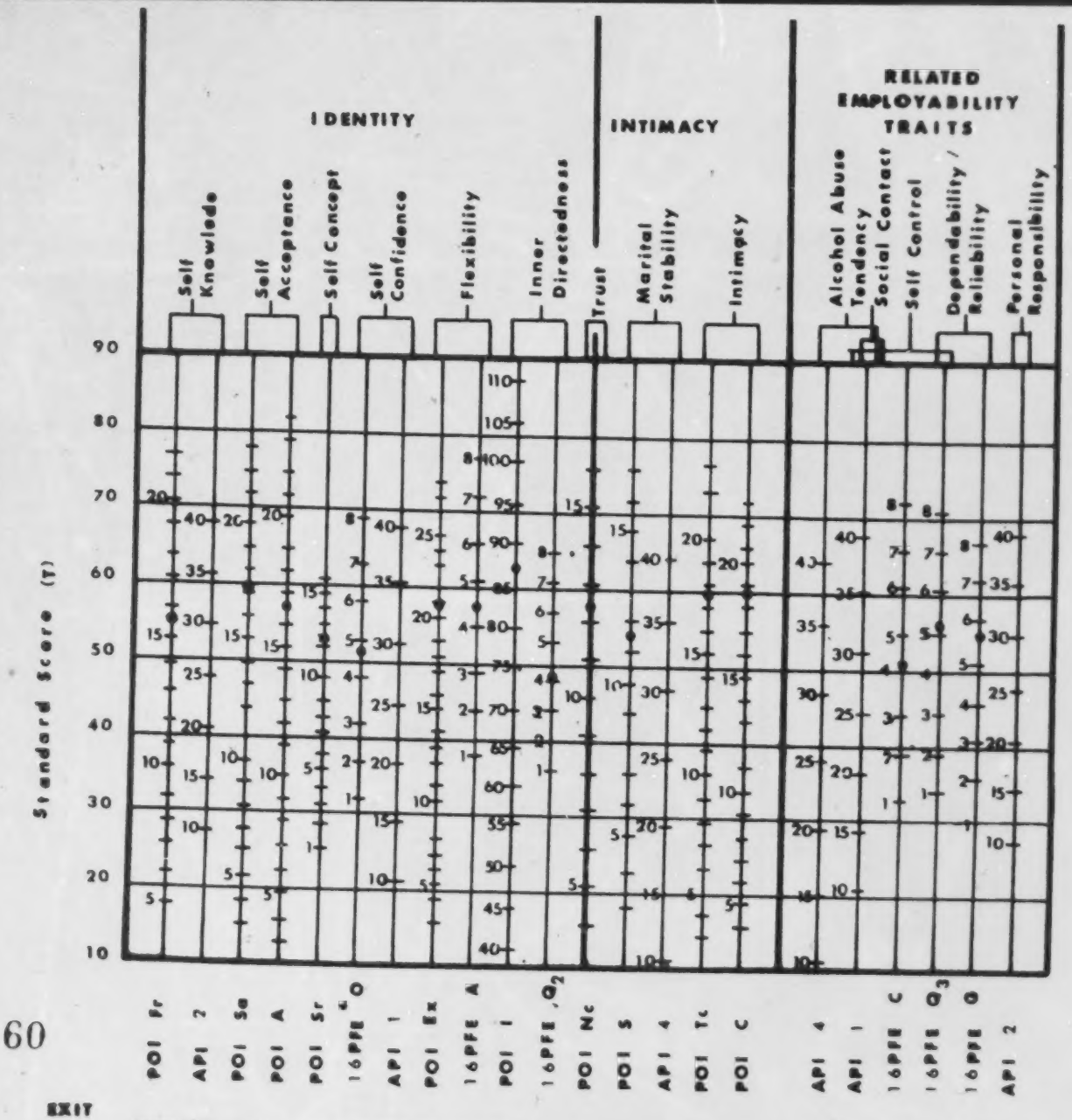
This form completed _____

Complete report filed _____

Comments :

13 (Continued)

*Low Score Favorable
•Adult Norm



DEVELOPMENTAL PROFILE FORM
MALE

Name _____

Entry Date _____

EXIT Date _____

This form completed _____

Complete Report filed _____

Comments :

13 (Continued)

*Low Score Favorable

*Adult Norm

INDIVIDUAL CAREER PLANNING SUMMARY SHEET

NAME_____ DATE_____

HOME STATE_____ Check ( ) one below:

VETERAN? Yes_____ No_____ _____Original Plan

_____Revision

1. Listed below are the occupations which I investigated in the Career Information Center:

_____ _____

_____ _____

_____ _____

2. I explored the following occupational training areas:

_____ _____

_____ _____

3. My future career goal is_____

_____

_____

4. After discussion with my Career Guidance Specialist, I have decided that the following occupational training at Mountain-Plains will best help me reach my future career goal_____.

5. If I were to make a second occupational choice at Mountain-Plains, my selection would be_____.

6. I plan to complete G.E.D. requirements while at Mountain-Plains. Yes___No___

7. _____has validated the Career Guidance
(Name of Student)
Program and is ready to develop a Mountain-Plains occupational plan.

_____
(Signature of Career Guidance Specialist)

MOUNTAIN-PLAINS REQUEST FOR INCENTIVE DAYS OFF

Clock No.: _____ Date of Request: _____

Head of Household: _____ Spouse: _____

I hereby request that I be granted _____ days of earned incentive time off from _____ (month), _____ (day), _____ (year), Through _____ (month), _____ (day), _____ (year).

My last incentive period was:

_____ (month), _____ (day), _____ (year), To _____ (month), _____ (day), _____ (year).

_____
Signature of Head of Household

_____
Signature of Spouse

DEPARTMENT	SIGNATURE REQUIRED APPROVED	DISAPPROVED	IF DISAPPROVED PLEASE GIVE REASONS BELOW
STUDENT ADVISOR			

I acknowledge that if I am unable to return to Mountain-Plains, Glasgow AFB, Montana, by 8:00 a.m. on (Mo) _____, (Day) _____, (Yr) _____, because of sickness, car trouble or an emergency, that I am required to notify the Data Control no later than 8:00 a.m. on: (Mo) _____, (Day) _____, (Yr) _____, Number 524-3993. I understand that failure to notify the Data Control by the prescribed date and time, that I may be subject to dismissal from the Mountain-Plains Program.

_____
Signature of Head of Household

_____
Signature of Spouse

_____
Date:

Acknowledgement of Approval:

_____
Registrar/Supervisor of Student Advisors & Data Control

_____
Date

File; Individual; Accounting (2 copies)

NEED FOR NON-LOCAL MEDICAL CARE

_____ is in need of medical care which is unavailable in
(name of patient)

the Glasgow area. I am referring _____ to Dr. _____ in
(name) (name)

_____ at _____. In my opinion, this
(location) (time and date)

care is necessary to ensure _____ full participation in the Mountain-
(name)

Plains program and his/her future employability. I understand that Mountain-Plains, Inc., will not be responsible for payment of any medical treatment costs which are not covered by the Mountain-Plains student medical insurance plan.

Signed: _____ Date: _____
(name of physician)

Unless I notify Health Education of an extended stay, I will return to class on _____. I understand this is the _____ of two excused as
(date)

paid time out-of-town appointments allowed me while a student in Mountain-Plains for this medical problem. I will return the clinical referral form to the Mountain-Plains Health Department upon my return to Mountain-Plains.

Signed: _____ Date: _____
(name of physician)

Health Form #1

Carbonized Copies
Original - Health Education
Copy to Student
Copy to Data Control

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 524-6221

ON SITE EVALUATION

WORK EXPERIENCE EDUCATION
(To be completed by Work Experience Coordinator)

STUDENT: _____

WORK STATION: _____

DATE OF EVALUATION: _____

PLEASE COMMENT BELOW ON THE STUDENTS ACTIVITIES AND PROGRESS AT HIS ASSIGNED WORK STATION.

Dress and Grooming:	**Acceptable** _____	**Not Acceptable** _____
Attitude:	**Acceptable** _____	**Not Acceptable** _____
Punctuality:	**Acceptable** _____	**Not Acceptable** _____
Attendance:	**Acceptable** _____	**Not Acceptable** _____
Productivity:	**Acceptable** _____	**Not Acceptable** _____

COMMENTS: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PERSONAL DATA SHEET

NAME: _____ AGE: _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY & STATE: _____ MARITAL STATUS: _____

TELEPHONE NO.: _____ NO. OF CHILDREN: _____

SOCIAL SECURITY NO.: _____ NO. OF DEPENDENTS: _____

HEIGHT: _____

WEIGHT: _____

HEALTH STATUS: _____

DATE OF AVAILABILITY: _____

EMPLOYMENT OBJECTIVES: _____

EDUCATION & TRAINING: _____

PREVIOUS EMPLOYMENT & WORK EXPERIENCE:

1. NAME: _____ Dates

   ADDRESS: _____

   CITY & STATE: _____

   POSITION: _____

   DUTIES: _____

   _____

   _____

2. NAME: _____ Dates

   ADDRESS: _____

   CITY & STATE: _____

   POSITION: _____

   DUTIES: _____

   _____

   _____

3. NAME: _____ Dates

   ADDRESS: _____

   CITY & STATE: _____

   POSITION: _____

   DUTIES: _____

   _____

   _____

MILITARY EXPERIENCE:

BRANCH: _____
Rank

DATES: _____

LOCATION: _____

POSITION: _____

DATE OF SEPARATION: _____

PRESENT INTERESTS: _____

_____

SALARY DESIRED: _____

REFERENCES:

NAME: _____ NAME: _____

OCCUPATION: _____ OCCUPATION: _____

ADDRESS: _____ ADDRESS: _____

CITY & STATE: _____ CITY & STATE: _____

NAME: _____ NAME: _____

OCCUPATION: _____ OCCUPATION: _____

ADDRESS: _____ ADDRESS: _____

CITY & STATE: _____ CITY & STATE: _____

18 (Continued)

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 524-6221

REASON FOR RESIGNATION

Date: _____

I/We have elected to resign from Mountain-Plains. The following are the reasons for my/our decision:

_____ _____

Head of Household Spouse

_____

Career Guidance Specialist

_____

Family Counselor

_____

Student Advisor

Original: File, Copy To: Executive Director, Research, Placement, Support Services

REQUEST FOR SCHEDULE CHANGE

_____ _____

(Student Name) *(Date)*

Add	Drop	Course	Module	M	T	W	T	F

Return to Sequencing Office

Instructors Stamp

Date _____

REQUEST FOR TRANSCRIPT

Name _____ Date _____
Last First Middle

Social Security Number _____ Date Completed _____

Present Address _____

Permanent Address _____

Date of Birth _____ Place _____

High School Diploma _____ G.E.D. _____
Date Date

Name of High School _____ Source _____

He/She will complete the following occupational training programs:

1. _____ D.O.T._____

2. _____ D.O.T._____

3. _____ D.O.T._____

He/She will complete the required courses listed below:

Math Skills _____
Communications Skills _____
Health _____
Consumer Education _____
Career Guidance _____

The Program Completion date is _____.

This Transcript should be ready for review and mailing on _____.

_____
Placement Officer's Signature

TO: WORD PROCESSING Date _____

Please type a transcript for the individual listed above. The completed transcript is needed by the Registrar's Office not later than _____.

RESIGNATION REPORT

DATE: _____

TO:

- ☐ Executive Division
- ☐ Accounting
- ☐ Associate Director, Admin. Services
- ☐ Personnel
- ☐ Associate Director, Research Services
- ☐ Associate Director, Educational Services
- ☐ Career Guidance
- ☐ Occupational Preparation
- ☐ Foundation Education
- ☐ Data Center
- ☐ Associate Director, Support Services
- ☐ Counseling
- ☐ Consumer Education
- ☐ Recreation
- ☐ Health Education
- ☐ Early Childhood Education
- ☐ State Coordinators
- ☐ Coord. of Oper., Maint., & Prop.
- ☐ Community Instructor Supervisor
- ☐ Clinic
- ☐ Parent Involvement

FROM: PLACEMENT OFFICER

HEAD OF HOUSEHOLD: _____ **and SPOUSE:** _____

The above students have elected to resign from the Mountain-Plains Program on or about the following date: _____

This family has identified the following city and State for relocation:

STATE	CITY
_____	_____
_____	_____

I/We understand that such resignation may require the forfeiture of certain privileges normally granted to students successfully completing the program.

SIGNED _____
Head of Household

_____
Spouse

_____
Placement Officer

CLOCK NUMBER _____ DATE _____

NAME _____

SCHEDULE CHANGE LOG

The Schedule Change described below: _____

_____

_____

_____

is due to the following reasons: _____

_____

_____

_____

_____
STUDENT SIGNATURE

ADD	DROP	COURSE	MODULE	M	T	W	TH	F

_____ _____ _____ _____
Instructor's Signature From Area Added — Date — Instructor's Signature From Area Dropped — Date

APPROVED _____ DENIED _____

_____
CAREER EDUCATION SPECIALIST

_____
SCHEDULING AIDE'S SIGNATURE

Mountain-Plains Education & Economic Development Program, Inc.

STUDENT DISLOCATION FORM

FAMILY NO. _____

STATE _____ DATE ENTERED PROGRAM _____ DATE EXITING PROGRAM _____

NAME _____ NO. IN FAMILY _____

ARRANGED BY _____ WITH _____

DISLOCATION TO _____ FORWARDING ADDRESS _____

METHOD OF TRAVEL _____ MILEAGE _____

Family Completion Status _____ Agreement No. _____

Relocation Costs _____

DISLOCATION COSTS

(ACTUAL)

Travel Expense _____ $ _____

Lodging _____ $ _____

Meals _____ $ _____

Rentals _____ $ _____

Other _____ $ _____

TOTAL EXPENSES – CHECK NO. _____ $ _____

RECEIVED BY _____ DATE _____

(Student's Signature)

Due Mountain-Plains

Rent: $ _____ *(amount)* _____ *(receipt no.)*

Tools: $ _____ *(amount)* _____ *(receipt no.)*

Misc: $ _____ *(amount)* _____ *(receipt no.)*

Loan: $ _____ *(amount)* _____ *(receipt no.)*

Misc: $ _____ *(amount)* _____ *(receipt no.)*

Misc: $ _____ *(amount)* _____ *(receipt no.)*

Incentive Reward: (thru 10/12/73 $ _____)

TOTAL $ _____

Less Amount Due Mountain-Plains _____ $ (_____)

_____ $ (_____)

_____ $ (_____)

Received By: _____ Date _____ Check No. _____ Balance $ _____

(Student's Signature)

Stipend:

Final Stipend thru _____ Regular Hours _____ Sick Hours (25%) _____ TOTAL (hours) _____

Received By: _____ Date _____ Amount $ _____ _____

(Student's Signature) *(check/cash)*

Total Program Stipend $ _____ Job Interview Expense $ _____

NO. _____

NAME _____

ENTRY DATE _____

EXIT DATE _____

STUDENT FOLDER INVENTORY

		SWP Pre-Test	SWP Post Test	SPR					
SWP. 11 Math	HOH					Schedule Changes			
	SP.								
15 Comm Skills									
51 Health									
61 Consumer Ed.						Memos			
63 Home Management									
70 Parent Involvement									
Career Development Log						Excuses			
Student Summary Profile									
Individual Career Planning Summary Sheet (Lap 17)									
Career SWP						Student Termination Form			
Support SWP						Relocation			
Support SWP									
						Dislocation			
6 Week Review		Career	11 Math	15 Comm	Other	Exit Confirmation Alert			
DET & SWP						Application for Career Cert.			
						Medical			
Incentive Leave Plan						Evaluation - Prep. or Val. WE			
Request for Incentive Days Off						Work Experience Placement			
						Site Evaluation			
Personal Data Sheet									

STUDENT PROGRESS RECORD

Page ___ of ___

Name _____ Number _____

Curriculum Area _____

_____

Entry Date _____

Pretest Date _____

Post Test Date _____

		Time Spent in Curric. Compon.	Date Started	Date Com-pleted	Instruc-tor's Initials		

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 524-6221

1. Date of Entry Into Program _____

STUDENT PROFILE SUMMARY

2. Head of Household _____ Spouse _____ Social Security Number _____
3. Student Name: _____ 7. Original: _____ Date
4. Family Number: _____ (01,02,03,04) _____
5. Long Range Goal: _____ 8. Revised: _____ Date
6. Career Choice st M-P _____ (D.O.T. No.) _____ (M-P No.) _____
9. Career Courses: _____

	NUMBER	NAME	Entry 10. Date	Pre Test 11. Score	Est. Hrs. To 12. Complete	Actual Completion or Exit 13. By Date	Post Test 14. Score	STATUS V=Validate D=Dropped 15.
a.			a.	a.	a.	a.	a.	a.
b.			b.	b.	b.	b.	b.	b.
c.			c.	c. level	c. Hrs. level	c.	c.	c.
d.	11	Math Skills Required GED	d.	d. level	d. Hrs. level	d.	d.	d.
e.	15	Communication Skills Required GED	e.	e.	e.	e.	e.	e.
f.	47	Work Experience World of Work	f.	f.	f.	f.	f.	f.
g.	63	Home Management	g.	g.	g.	g.	g.	g.
h.	66	Parent Involvement	h.	h.	h.	h.	h.	h.
i.	46	Career Guidance	i.	i.	i.	i.	i.	i.
j.	51	Health	j.	j.	j.	j.	j.	j.
k.	61	Consumer Education	k.	k.	k.	k.	k.	k.
l.	80	Counseling	l.	l.	l.	l.	l.	l.
m.	89	Orientation	m.	m. NA	m. 45	m.	m. NA	m.
n.			n.	n.	n.	n.	n.	n.

(Total)

16. Minimum Number of Hours to Complete Plan _____ 35(01),30(03),20(02) = _____ (Total No. of Weeks)
17. Estimated Program Completion Date _____ 17a. Actual Date of Completion _____
18. State Of Origin: _____ 17b. Actual Date of Exit _____
19. To reach my educational, occupational, and family development goals, I agree to the plan as outlined. Any deviation from this plan that would require a change will necessitate a review of this plan. Any change in occupational goals will require a new plan. If I desire to change my occupational goal more than once, Mountain-Plains reserves the right to exit me from the program. I understand that I may make an occupational change within 3 months after I have signed my first plan. After this 3 month period has terminated I understand that I cannot change my occupational preparation area.
20. Student's Signature _____ Student Personal Advisor _____

Date _____ Date _____

27

DISTRIBUTION: (1) File (1) Student (1) Occupational Area (1) Advisors (1) State of Origin

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 · TEL: (406) 524-6221

STUDENT RELOCATION FORM

Clock No. _____

State: _____ Date Beginning Program: _____

Name: _____ No. in Family: _____

Description of Family Members: _____

_____

Called in By: _____ Called in To: _____

Place of Departure and Date: _____ Arrival Date: _____

Method of Travel: _____ Mileage: _____

TRANSPORTATION COSTS

	Estimated	Actual	Variance	
Travel Expense:	$	$	$	
Lodging:				
Meals:				
** Rentals:				*1
** Deposit on Rentals:				*2
** Emergency:				*3
** Other:				

Total Estimate - Check No. _____ $ _____

Total Actual Expenses _____ $ _____

Variance _____ $ _____

Date Rec'd: _____ Receipt No. _____ Amount $ _____

Check Made Payable To: _____

Date Check Sent: _____ Date Check Received: _____

Received By: _____ Amount $ _____ Date: _____
(Participant's Signature)

** Relocation must be settled at Mountain-Plains, Glasgow within two days after arrival.

1. Any variance in estimate and actual cost of rental must be settled.
2. Deposit on rental must be refunded to Mountain-Plains.
3. If emergency money is given it must be refunded to Mountain-Plains unless actually needed for emergency purposes. Receipts must be obtained and submitted to accounting if any part of emergency fund is used.

Food Allowance $_____ Check No. _____ Rec'd. _____ Date _____

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 524-6221

STUDENT TERMINATION FORM

Date: _____ **Family No.:** _____

HOH: _____ **Social Security No.:** _____

Spouse: _____ **Social Security No.:** _____

Forwarding Address: _____

_____

This form may be used for job reference. Complete it accurately, neatly and with thought. Please have these sections cleared and initialed by designated supervisor in order as it appears below:

1. Community Instructor: _____ *(MCP 49)*
2. Home Management:** _____ *(MCP 55)*
3. Car Decal - Sec. Headquarters: _____
4. Health Education: _____ *(Bldg. 810/1)*
5. Leisure Skills: _____ *(Bldg. 526)*
6. Early Childhood Ed.: _____ *(MCP 43)*
7. Community Library: _____ *(Bldg. 715)*
8. Occupational Area: _____ *(Bldg. 960)*
9. Counseling Aide: _____ *(Bldg. 810/3)*
10. Insurance: _____ *(Bldg. 816/1)*
11. Property Control: _____ *(Bldg. 813)*
12. Housing: _____ *(Bldg. 813)*
13. Accounting: _____ *(Bldg. 816/1)*

**Monday through Friday ONLY between the hours of 3:00 - 4:30 p.m. at MCP No. 55.

Signature (HOH) _____

Signature (Spouse) _____

STUDENT WORK PLAN

Name _____

Rater _____

Date *(Entry)* _____ *(Exit)* _____

KEY FOR FILLING OUT RIGHT HAND PARENTHESES:

(V) Unit prevalidated on pretest indicated by entering a "V" in the parentheses following unit code.

( ) For Completed Units enter total hours from SPR "Time Spent . . ." in the parentheses.

( ) For Incomplete Units enter total hours for completed LAP's from SPR "Time Spent . . ." at the immediate right of the parentheses.

Instructional or Curriculum Area	Comprehensive Written Test		Performance Check List		Attitude Check List		Other: Specify		COURSE UNITS NEEDED	Est. Time / Act. Time
	PRE	POST	PRE	POST	PRE	POST	PRE	POST		
Objectives:										

Recommendations for Program Planning:

Total Est. Time

Total Act. Time

KEY:

Score / %	Score / % Change
Mastery Level / Possible	

PRETEST	POST TEST
Score %	Score %

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW AFB, MONTANA 59231 · TEL: (406) 624-6221

Transcript Of Record

Name _____ **Date Entered** _____
Last First Middle

Date Completed _____

Present Address _____

Permanent Address _____

Date of Birth _____ **Place** _____

Social Security Number _____

High School Diploma _____ **Name of High School** _____
Date

G.E.D. _____ **Source** _____
Date

This is to certify that the following courses and units have been successfully completed by the above named student. Mountain-Plains uses a nongraded competency based system (validation or noncompletion). A student may retest in any area until validation is achieved.

OCCUPATIONAL CERTIFICATION AND D.O.T. CODE

_____

Program Areas and Courses and Units Validated

_____
Registrar

ountain-Plains is a derally Funded Family sed Residential Program Career Education.

Mountain-Plains is Approved Under Chapter 36, Title 38, U.S. Code By the Veterans Administration

Mountain-Plains Education & Economic Development Program, Inc.

POST OFFICE BOX 3078 · GLASGOW, MONTANA 59231 · TEL: (406) 524-6221

Date: _____

TO: Data Center and Placement Office

FROM: Work Experience Office

SUBJECT: WORK EXPERIENCE PLACEMENT

_____ will be participating in the
(Student)

Work Experience Program as a _____ _____ at
(Occupation)

_____ during the following times _____
(Work Station)

on the following dates: _____

If you have any questions or comments concerning the above, please contact the Work Experience Staff at 524-3139 or 524-7629.

CG4-721a

STNT.NO. / ENTRY / EST.EXIT / MAJOR CLASS	STUDENT NAME / STATE	CLASS NO. / CLASS NAME / CURR.ENTRY CTRS / CURR.EXIT SCORE	WRAT STATUS SCORE(V OR D)	BUDGET HRS	SCHEDULED HRS / CURNT MONTH HRS / CTD HOURS	ATTENDANCE HRS / MONTH HRS / CTD HRS	DIFF. OF HRS / MONTH / CTD	PROGRESS HRS STNT RCD	BUDGET % USED / PROG % USED	SCHL VS ATTN	ATTND VS BUD.	PROG VS ATTND
3459-02 SMITH 7/24/74 4/75 24 BOOKKEEPER	DONNA R IDAHO	11 MATHEMATICAL SKILLS 7/30/74 11.2 9.4 7/30/74	V	.00	.00 .00 .00	.00 .00	.00 .00	.00 .00	.0 .0	.0	.0	.0
		15 COMMUNICATION SKILLS /00/00 10.6 /00/00		236.00	10.00 10.00 48.00	10.00 46.00	.00 2.00-	.00 .00	20.3 .0	95.8	19.4	.0
		24(M) OFFICE EDUCATION 8/26/74 20.0 /00/00		394.00	18.00 18.00 86.00	18.00 82.00	.00 4.00-	66.00 49.60	21.8 16.7	95.5	20.8	80.4
		46 CAREER GUIDANCE 8/06/74 .0 8/19/74	V	30.00	.00 .00 28.00	.00 27.50	.00 .50-	.00 .00	93.3 .0	98.2	91.6	.0
		47 WORK EXPERIENCE /00/00 .0 /00/00		260.00	.00 .00 .00	.00 .00	.00 .00	.00 .00	.0 .0	.0	.0	.0
		51 BASIC HEALTH EDUCATION 8/06/74 71.5 % CHANGE 8/16/74 85.0	V 13.5	17.00	.00 .00 9.00	.00 9.00	.00 .00	17.40 7.95	52.9 102.3	100.0	52.9	193.3
		61 CONSUMER EDUCATION 8/06/74 62.0 % CHANGE 8/15/74 87.0	V 25.0	14.00	.00 .00 9.00	.00 8.00	.00 1.00-	14.45 5.60	64.2 103.2	88.8	57.1	180.6
		63 HOME MANAGEMENT 8/05/74 51.0 % CHANGE 8/19/74 73.0	V 22.0	20.00	.00 .00 9.00	.00 7.00	.00 2.00-	20.00 8.80	45.0 100.0	77.7	35.0	285.7
		66 PARENT INVOLVEMENT 8/06/74 74.0 % CHANGE 8/14/74 88.0	V 14.0	19.00	.00 .00 9.00	.00 7.00	.00 2.00-	19.00 7.30	47.3 100.0	77.7	36.8	271.4
		80 COUNSELING /00/00 .0 /00/00		30.00	2.00 2.00 10.00	2.00 10.00	.00 .00	.00 .00	33.3 .0	100.0	33.3	.0
		87 SPOUSES ABSENT /00/00 .0 /00/00		.00	.00 .00 6.00	.00 6.00	.00 6.00	.00 .00	.0 .0	.0	.0	.0
		89 ORIENTATION 7/25/74 .0 8/05/74	V	45.00	.00 .00 .00	.00 .00	.00 .00	.00 .00	.0 .0	.0	.0	.0
		90 ADM OVERHEAD /00/00 .0 /00/00		.00	.00 .00 3.00	.00 8.50	.00 5.50	.00 .00	.0 .0	283.3	.0	.0